(Section G-WPTI Research)
Introduction to WPTI Research

Research is an important and integral part of the Wisconsin Pathways to Independence project. It is unlikely that Pathways to Independence (WPTI) would exist today if the Social Security Administration had not decided that it needed to test innovative ways to better assist people with disabilities to get employment or to increase their earnings from employment. Moreover, many of the features of the WPTI project are responses to what was learned through previous research, much of it done here in Wisconsin. Our aim in this material is to provide some background as to why the research effort is important and to give you, the persons directly serving WPTI consumers, a sense of how and when, you will be involved in or affected by research activities.

Why is the Research Effort Important?

Why is the research important? Why not just deliver the program? To begin with if there is no research effort, there is no program. This refers to the fact that many aspects of the WPTI project are funded by the Social Security Administration. The quid pro quo for this funding is to conduct the research. However, far more important from a project standpoint is that WPTI expects to obtain waivers from Social Security and possibly other agencies, that will allow participants to translate greater earnings into greater income and to maintain access to medical and other services. All of these waivers require research to get and more research to keep. Restated, no research – no waivers.

Research is also important to getting changes to federal and state law. The relationship isn't as direct as with the waivers, many factors besides evidence have a big impact on whether a law is passed. Nonetheless, whenever WPTI staff talk with congressional or federal agency staff, we are constantly asked for data about whether a program works, how much will it cost, or even whether the program might actually increase the number of people in federal programs serving persons with disabilities. State officials and legislators raise these types of questions too. While having evidence to bolster one's position does not insure success, it certainly helps.

We also believe that research can help both WPTI and the providers learn to deliver a more effective program, by either identifying how to better deliver services or which types of consumers are more likely to benefit from different program options. However, will the research help you to make the subtle improvements and adjustments that will help you to work more effectively with and on behalf of each of the participants you serve? This is much less likely. We anticipate that the value of the research will be largely in helping you to get a policy and program environment that will permit you to hone and apply your professional skills.

In brief, the WPTI research effort looks at two basic kinds of questions. The first is simply whether Pathways to Independence participants are, as a result of the program, better off than similar consumers who do not participate. Better off is understood in a number of ways, for example: do participants have higher rates of employment, higher earnings, better jobs, fewer health problems, etc. This type of research is sometimes called "outcome evaluation."

The second type of research question looks at both the evolution of and differences within the WPTI project. Are there differences in how to best serve consumers based upon factors ranging from disability type to local economic or transportation conditions? Do some providers develop practices that are particularly effective that can then be shared with other providers? This type of research is sometimes called "process evaluation." Both in reality and in Pathways, outcome research and process, research are interrelated.

How Does the Research Effort Affect My Work?

The research effort is a major undertaking involving the collection of many different kinds of data over a five-year period. We will need your help to complete the research. However, we also know that it is crucial that you have the time to do the most important part of your job, helping WPTI participants to fulfill their employment goals.

Therefore, we have tried to find ways to collect needed data that limit your direct involvement in research activities. Whenever it is practical to get information from administrative sources or from surveys filled out by the participant, we do so.

Depending on your specific job duties at your agency, you may be involved in the research effort in several ways besides collecting data. First, you may be asked to record information on somewhat different forms (probably computer based) than you now use. Someone at your agency will take a more direct role in ensuring information is transferred to WPTI (or in some cases, Oregon Health Policy Institute).

Second, you may be involved in preparing periodic reports to WPTI about your program activities and expenditures. While the main use of these reports is to support program management, some of the data may also be used for research purposes.

Third, many of you will be involved in the enrollment process. While enrollment involves a good deal of data collection from the prospective participant, a critical part of enrollment is getting that person's written agreement to participate in the research. Moreover, this agreement must be based on informed consent. The prospective participant needs to be made aware of the purposes of the research, her/his responsibilities to the project, and of the potential harms, as well as benefits, that might result from participating. In the case of Pathways to Independence, the far most likely harm is the release of confidential information about the participant. The informed consent materials explain WPTI's obligations to protect confidential information and mention some of the ways this is done.

Fourth, some of you may be involved in facilitating the completion and return of return of consumer surveys.   This actually will be performed on behalf of those participants enrolling before January 1, 2002.

Fifth, staff members will be asked to complete on-line surveys two or three times during the study period. Briefly, these surveys are aimed at looking at how you change during the project and seeing whether those changes correlate with what happens to consumers.

Sixth, WPTI research team members will make scheduled visits to your agency. This provides the research staff with a different kind of view into the project's operations than is possible by just looking at the paper data. Most typically, these visits involve our talking with staff members about their experience and perceptions of the Pathways project.

Seventh and finally, some of you will be involved in training activities related to research. There will be an initial on-site meeting for those persons at your site most deeply involved in data collection activities. While we hope that these staff will then train additional and new staff, we are willing to return to your agency to train new staff. It is also possible that there might be special purpose training visits, for example to implement a new information transfer system. Finally, the quarterly provider conferences provide additional training opportunities.

Research Synopsis
Wisconsin Pathways to Independence

The Pathways research effort is a comprehensive program and outcomes evaluation undertaken by researchers housed in the Department of Health and Family Services (DHFS) in conjunction with staff from Wisconsin's Department of Workforce Development (DWD) and the Oregon Health Policy Institute (OHPI). The Pathways intervention, outcomes, and impacts will be evaluated in accordance with an analysis plan that was approved by both the Robert Wood Johnson Foundation (RWJF) and the Social Security Administration (SSA) through their respective agents at the Oregon Health Policy Institute and Virginia Commonwealth University (VCU).

Knowledge Building - Outcomes and Impacts

The research effort encompasses three key areas: individual outcomes, program impacts, and implementation or process issues. The key measurement of interest is the degree to which increases in gainful employment can be achieved and maintained over time for persons with significant disabilities. The analysis is designed to measure changes in the following areas and assess (to the degree possible) the relationship between those changes and aspects of the intervention:

- ❖ Changes in the rate of employment, earnings, and income
- ❖ Changes in work effort over time
- ❖ Changes in attitudes and beliefs about work and barriers to work on the part of participants and provider staff
- ❖ Changes in the reliance on income transfer programs and public health care
- ❖ Changes in the number of people with disabilities working who have health coverage
- ❖ Changes in the number of preventable secondary disabling conditions
- ❖ Changes in life satisfaction
- ❖ Which components of the program intervention, if any, affect the outcomes and impacts?
- ❖ Which client characteristics affect program outcomes and impacts?
- ❖ What factors in the environment influence program outcomes and impacts?
- ❖ Were there implementation issues that affected the program intervention or outcomes?

Research Design

In lieu of a randomized (experimental) design, we employ a quasi-experimental design and utilize three separate comparison strategies.

- ❖ Participant Comparison – The key comparison is time series analysis of the causes and correlates of participant outcomes including earnings, benefits, and attitudes
- ❖ State Comparison – Comparable data from Washington state where there is no similar intervention
- ❖ Cohort (non-participant) Study – Follows Wisconsin SSI/SSDI disability cases likely to meet Pathways eligibility requirements to look at their earnings, public benefit program participation, personal characteristics, behaviors, and attitudes and how these differ from those of actual Pathways participants (Not a true comparison group, but enough comparability to merit a parallel data collection and analysis effort)
- ❖ System Analysis – In addition to the comparison strategies, we will compile aggregate data for Wisconsin to enable a "before and after" comparison of job placement and earnings rates in the context of the participants with SSI/SSDI population (including measurements of existing SSA work incentives) and with overall state trends and economic conditions
- ❖ Process Analysis – An analysis of the factors that help determine if the program implemented in the way it was intended. If there was variation across time, did that affect outcomes or program impacts?

Data Collection Plan

We will collect all required data elements and maintain them on an electronic database organized by individual participant records.

- ❖ Primary Data – Providers will collect data at enrollment and monthly throughout the life of the program. For those enrolling before January 1, 2002, a baseline survey instrument will be provided at intake and follow-up surveys will be administered annually. The instrument consists of a detailed questionnaire including measures of job history, attitudes, preferences, skills, and physical and mental health.
- ❖ Secondary Data – We will track earnings data and utilization of public programs, such as Medicaid, Medicare, SSI, SSDI, HUD rental assistance, and food stamps. Baseline data for two years prior to program enrollment will also be compiled.

As enrollees work with the health/employment consultants, their time will be tracked on a client-specific basis by: tenure in the program (from intake to discharge), intensity of counseling activities, and characteristics of services from Pathways counselors. One element of the of the qualitative/process analysis of the intervention will be to ask the provider, DVR and DHFS staff, consumers and other stakeholders to express their perceptions about Pathways development and effectiveness. We plan to enter into agreements with OHPI and to make our research compatible through developing standard data sets, sharing research methods and results, and integrating our findings to provide powerful data supporting necessary policy change.

Database Maintenance and Management
DHFS will maintain a series of databases that are linked by a unique identifier for each participant.

- ❖ Confidential master list (name, address, SSN and unique identifier)
- ❖ Administrative data (includes benefit and encounter information from administrative sources)
- ❖ Survey data (baseline and two annual follow-up surveys)
- ❖ Site reported data (baseline enrollment, long term monitoring of interventions and changes in work, earnings, other status, etc.,)

Confidentiality will be protected by a number of both physical and electronic systems and by a set of guidelines that ensure protected information will not be inadvertently released.

Form Title	Person Required To Complete Or Read Form	When Form Should Be Filled Out Or Read	When Form Should Be Returned	Who Form Should Be Returned To
Contact Form	<u>Site staff</u>	<u>Start</u> when the program is discussed with the consumer <u>Finish</u> when the consumer enrolls into WPTI or declines enrollment	**For Enrollees:** Include with enrollment materials completing *questions 1-6* **For Non-Enrollees:** Return when completed with other mailings to DHFS/WPTI completing *questions 1, 2, and 4 through 10*	**Preferably by web**, but if paper, Kay Huisheere DHFS/CDSD/WPTI P.O. Box 1379 Madison, WI 53701-1379
Enrollment Form	Site staff	Enrollment - After DVR authorization has been issued	Within the week it was completed	**Preferably by web**. If paper, Kay Huisheere Address listed above
Release of Information Overview Letter	Participant	<u>Read</u> -Concurrent with enrollment	Informational- Do not return	Informational- Do not return
SSA Informed Consent Form	Participant	Concurrent with enrollment	When enrollment materials are submitted	**Always Kay Huisheere** Address listed above
Release of Information Form	Participant	Concurrent with enrollment	Include with enrollment materials are submitted	**Always Kay Huisheere** Address listed above
Update Form	Site staff	End of calendar month	<u>Within ten days of the end of the previous month</u>	**Preferably by web**, If paper, Kay Huisheere Address listed above
Case Noting Form	Site staff	End of calendar month	**Monthly with update forms or quarterly, according to the following dates.** • October 10th • January 10th • April 10th • July 10th	**Preferably by web**, If paper, Kay Huisheere Address listed above
Survey Log	Site staff	**<u>As Needed - when site is involved in the return of a survey</u>**	As needed - by fax	Barbara Dapcic Oregon Health Policy Institute Fax: 503/494-4981

WISCONSIN PATHWAYS TO INDEPENDENCE
Web Form Instructions

Purpose of the System

The web-based application will be used to submit data on four of the research forms (consumer contact, enrollment, participant update and case noting forms). It is hoped that this application will make it easier for the sites to submit their information and also assist staff at DHFS in compiling the data.

These forms will be used to submit the same information that you are currently sending in on paper or electronically.   The instructions and return schedules that you have been following still apply. The instructions for most items are also available on screen by clicking the "?" button next to a particular question. The online instructions are a convenient way to check definitions, verify skip patterns, etc.

Using the System

Log onto the Internet as you would normally. The internet address for the site is https://www.dhfs.state.wi.us/pathways/. Once you are at the PTI login screen enter the login ID and password that were assigned to you. Also, enter your name on the third line. The login ID and password are not case sensitive. Click on the "Submit" button to enter. Click on the "Research" link. The next screen will have two links under each form to either enter new data or view existing information. Click on the top link to enter a new form. Click on the link that starts with "Search "Form Name" Records" to view forms that have already been entered.

The "Site" and "Staff" information is automatically entered based on the information that is typed in at the login screen and do not need to be entered on the forms.

Once you have entered in the required information for each form click on the "Submit" button to send the data. The "Reset" button will clear the form if you need to start over. Once you have submitted the information you can go back to another blank form by using one of the links at the bottom of the page. Although it's best not to click on the "Back" button after submitting a form, you can go back if you need to verify the information you submitted or if you forgot to print the form. If you click the "Submit" button again after having used the "Back" button you will receive an error message.

Consumer Contact Form

The application will not allow you to submit a Consumer Contact form without completing the following fields:

> 2. Date of first contact
> 3. Consumer Name/ID – any character or series of characters will do
> 4. How did this consumer come to inquire about Pathways
> 5. Did consumer enroll in Pathways
> 5a. Date consumer chose to enroll or not to enroll in Pathways
> 6. Please estimate the number of hours site staff spent in Pathways-related discussion with the consumer before a decision regarding enrollment was reached

In addition, if the consumer does not enroll in PTI you will need to enter the following fields:

> 7. Gender
> 8. Age Group
> 9. Target Group
> 10. Primary reason consumer did not enroll

To enter multiple secondary reasons for not enrolling hold down the control (Ctrl) key while selecting additional reasons.

Enrollment Form

The application will not allow you to submit an Enrollment form without completing the following fields:

3. Date of enrollment
4. Date of DVR PO for Pathways
5. Last name and first name
6. Date of birth
7. SSN
8. Disability occurrence
9. Disability age
10. Enrollee sex
11. Enrollee Race
12. Is the Enrollee Hispanic or Latino
13. Street address
14. City, state and zip code
16. Living Arrangements
17. Children living with enrollee
18. Does enrollee require translations/reading services
19. Enrollee's mode of transportation
20. Does enrollee receive any private disability benefits
21. Does enrollee receive any social security benefits
22. If enrollee receives SSDI, select number of months receiving at enrollment
23. If enrollee receives SSI, select number of months receiving at enrollment
24. Is enrollee a Medicare beneficiary
25. Receipt of Federal, State, or Local Assistance – All questions
26. Highest grade completed
27. Participation in job programs
28. Participation in training classes
29. Has Enrollee been employed before collecting SSI/SSDI– if yes, Questions 31-32 are required
32. Is enrollee currently working – if yes, Questions 33 – 40 are required
41. If not currently employed has the Enrollee been employed for more than 30 days at the same job since he/she started collecting SSA benefits– if yes, Questions 42 – 44 are required

Consent and release of information forms will still need to be mailed in as usual.

Participant Update Form

The application will not allow you to submit a Participant Update form without completing the following fields:

3. Date form completed
4. Reporting month
5. Participant Name
6. This form reports – At least one field must be checked

Various fields will be required based on your answer to #6

There is now a "Participant is in follow along status" option for question #6

A separate job benefits section (18a) is included with the "Changes in current employment" section. Any benefit changes on a current job should be entered there.

If you have a client who has more than one current or new employment change to report in a particular month you will need to contact either David Sage (608) 261-7814 or Kay Huisheere (608) 264-9868 to report the additional information.

If "No Changes to Report" is selected, no information other than the header data will be sent.

Case Noting Form

The application will not allow you to submit a Case Noting form without completing the following fields:

1. Participant Name
2. Reporting month
3. Date form completed

If the "If there are no Section One services to report, check here" box is checked, no section one hours will be sent.

General Instructions

It is strongly recommended that you print all forms before submitting.

For best results printing, go to the "File" menu and click on "Page Setup" (when using Internet Explorer). Set the Left and Right margins to 0.25", the Top margin to 0.75" and the Bottom margin to 0.9".

Enter date information as an eight digit number (ex. 08242000 for 8/24/00). It is not necessary to enter in the " / ". This is also true for the SSN, zip code and phone number fields. Just enter the numbers without any symbols and they will automatically format when you move to another field.

Any field with a drop down list can have a response automatically entered by typing in a leading character of the response.

Online instructions are available for any question that has a "?" next to it. Just click on the "?" to view.

Descriptions are required on any field where "Other" is selected.

A comment's field is available on every form.

Be sure to select a "Month" and "Year" reported on the update and case noting forms.

From time to time you may be unable to log on to the system due to server problems at DHFS. Just wait awhile and then try logging in again. If the problem persists contact David Sage.

No changes can be made through the "Read Only" screens. Contact David Sage to change any information that has been submitted.

If you have any questions regarding the use of the system, please contact David Sage at (608) 261-7814.

WISCONSIN PATHWAYS TO INDEPENDENCE

Consumer Contact Form

1. Site _____ 2. Date of first contact _____

3. Consumer's Name/ID _____

4. How did this consumer come to inquire about Pathways?
   - ❐ VR Referral
   - ❐ Referral from other source (agency, medical personnel, psychologist, etc.)
   - ❐ Consumer heard about Pathways through media
   - ❐ Friend/relative encouraged consumer to inquire
   - ❐ Site staff initiated Pathways discussion
   - ❐ Other _____

5. Date consumer chose to enroll or not to enroll in Pathways _____

6. Please estimate the number of hours site staff spent in Pathways-related discussion with the consumer before a decision regarding enrollment was reached. _____

7. Gender
   - ❐ Male
   - ❐ Female

8. Age group
   - ❐ 18-24   ❐ 45-54
   - ❐ 25-34   ❐ 55 and over
   - ❐ 35-44

9. Target group
   - ❐ Developmental disability   ❐ Physical disability
   - ❐ Mental illness   ❐ HIV/AIDS

10. Please indicate the reasons why the consumer chose not to enroll in Pathways. Mark only one primary reason; multiple secondary reasons may be marked.

Primary	Secondary	
❐	❐	Fear loss of privacy
❐	❐	Fear loss of benefits
❐	❐	Too much paperwork
❐	❐	Complexity of consent process
❐	❐	Fear that s/he will be forced to work
❐	❐	Concerns about lack of program follow through
❐	❐	Waivers unavailable
❐	❐	Doesn't want to be on waiting list
❐	❐	Other _____

11. For site staff use (optional):
   - ❐ Consumer is from a target group not served by this site.
   - ❐ Site staff did not feel that they could adequately serve this consumer's needs.

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WISCONSIN PATHWAYS TO INDEPENDENCE
Consumer Contact Form Instructions (Web Version)

Purpose of Form

The Consumer Contact Form was designed to provide information about why *eligible* consumers choose not to enroll in Pathways. This form should be completed and returned for any eligible consumer who makes an inquiry about Pathways with the intention of making an informed decision about enrollment. It is not necessary to return information for individuals who inquire but are found to be ineligible for Pathways to Independence.

Completing the Form

The Wisconsin Pathways to Independence project research team needs to track contact with consumers who may potentially benefit from the project but, for whatever reason, do not end up enrolling. This will assist greatly in the evaluation of the project.

For any consumer who expresses a serious interest in the project, please print a blank copy of the Consumer Contact Form and begin a paper record. At initial contact, only items 1-4 of the Consumer Contact Form should be completed.

If a consumer chooses to enroll in Pathways to Independence, please submit a Consumer Contact Form with items 1-6 completed. Use the paper record as a reference. The enrollee's name should be reported on item 3.

If a consumer chooses *not* to enroll in Pathways to Independence, submit a Consumer Contact Form with items 1-10 completed. Use the paper record as a reference. Do not report the consumer's name; use an alternative code or identifier that will not reveal the consumer's identity to the research team.

Submitting Forms to DHFS

Forms for consumers who enroll in Pathways should be submitted via the Web *at the time of enrollment for that individual*. Completed forms for individuals who choose not to enroll may be submitted at any time.

Consumer Contact Help

2. Record the date when the first discussion of Pathways occurred.

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3. For Pathways enrollees fill in the name of the enrollee. For non-enrollees use a code or identifier that will not reveal the individual's identity to the research team.

Please submit completed Contact Forms only. If you need to begin a Contact Form then save it until an enrollment decision is made, print a blank copy and write in items 1-4. Keep a paper record until you have all of the information to submit the completed form.

5a. For enrollees, fill in the date of enrollment. For non-enrollees, fill in the date when the consumer indicated that s/he was no longer interested in becoming a Pathways participant.

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6. Indicate the number of hours site staff spent engaged in serious Pathways-related discussion with the consumer before s/he made a final decision about enrollment in Pathways. Your estimate should include all time devoted to discussing:

- eligibility requirements of Pathways

- services available through Pathways

- potential effects on the consumer's benefits

- concerns/fears the consumer may have about becoming involved in Pathways

- research requirements of Pathways

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10. Select the one primary reason that the consumer chose not to enroll in Pathways. Any other concerns/fears may be marked as secondary reasons.

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11. If you would like to report interest from consumers who would otherwise meet the eligibility requirements of Pathways, but are not members of the target group served by your site, you may use the Consumer Contact Form to do so. (Items 5, 6, and 10 will not apply.) Please mark the first box to signal to research staff that this is a consumer who could not be served by your site because of the target group, rather than a consumer who simply chose not to enroll. If your site feels that it is not able to adequately serve the needs of a consumer, mark the second box (e.g., A physical disability site may not feel prepared to serve a consumer who has both developmental and physical disabilities).

WISCONSIN PATHWAYS TO INDEPENDENCE

Dear Pathways Participant:

There are two documents relating to the release of information, both of which require your signature in order to participate in the Wisconsin Pathways to Independence research project. By reading and signing these forms, you will agree to release information about yourself to the Pathways research team.

The information will be collected from the records of your Pathways provider agency and from various federal and state agencies that offer benefits that you have received in the past two years or will receive over the life of the project. The collection of this information is guided by laws that protect you from the release of this information to agencies or individuals not involved in the research. The project is funded in part by both the Social Security Administration (SSA) and the Robert Wood Johnson Foundation (RWJ). The SSA has contracted with Virginia Commonwealth University and RWJ has contracted with the Oregon Health Policy Institute to evaluate Pathways. Together with specific staff at the Department of Health and Family Services, these organizations will comprise the research team. The signed releases enclosed within will allow the research team to collect needed information and to protect participants from any inappropriate use of this information.

Since this is a research and demonstration project, it is very important that this information be collected. By agreeing to participate in this research, you are providing the key ingredient that will allow the researchers to assess whether the programs and services offered under Pathways help people get rewarding jobs and increase their earnings.

Overview of Information Use and Protocol

The Wisconsin Pathways to Independence evaluation effort is located within the Wisconsin Department of Health and Family Services (DHFS). As a state agency, DHFS is required to meet all department rules regarding data confidentiality, including providing you with a description of all information collected and the purposes for which it will be used.

Pathways to Independence will remove all individual identifiers from the data following the completion of the research project, except for those individuals who choose to remain enrolled in any successor program(s) to Wisconsin Pathways to Independence.

Wisconsin Pathways to Independence will transfer data to its research partners at the Oregon Health Policy Institute, and Virginia Commonwealth University. Each of these entities is obligated to protect the confidentiality of the data, including meeting the specific requirements of all state and federal agencies that release information to Pathways to Independence as a result of your signing these forms.

The Two Documents Relating to Information Releases are:

Informed Consent Form

This form is required by the Social Security Administration (SSA) and your signature indicates that you understand that personal information will be shared with SSA as part of the research effort. The information will be protected from release to anyone not involved in research. Specifically, it will not be shared with anyone at SSA involved in program operations or the administration of benefits. This form requires your signature.

Consent for Release of Information from State Sources

This form is required by the State of Wisconsin and identifies information from various sources that may be linked. This linkage will permit the research team to study how participation in Pathways has affected your employment, earnings and overall health and well being. This form requires your signature.

Examples of Data Collected and Their Research Use

The following table outlines the types of data needed and relates them to their use in the research effort.

Data	Use
Earnings, hours worked.	To determine if the program has helped increase work effort or earnings.
Public benefits from state and federal programs, such as food stamps, subsidized housing and cash benefits.	To determine whether more or fewer public benefits are used as people return to work or increase their earnings.
Use of health care services that are covered by the Medicare and Medicaid programs.	To determine whether the need for or use of health care services changes as people return to work or increase their earnings.

The information that will be provided through this release is the backbone of the entire research effort. In fact, the research cannot be conducted without it. Your willingness to allow the use of this information for evaluating the Pathways program is sincerely appreciated and is a valuable contribution to creating better public programs.

STATE PARTNERSHIP INITIATIVE INFORMED CONSENT FORM

Applicant's Name: _____ **SSN:**

_____

I understand that the Wisconsin Pathways to Independence is a Wisconsin Department of Health and Family Services and Social Security Administration (SSA) research study that tests ways to help people with disabilities get the necessary services and items that they need to get and keep a job.

I understand that the information the Department of Health and Family Services and SSA's program office collect about me for this research study is confidential and will be protected under the Privacy Act. (See Privacy Act information on the other side of this form.) The Department of Health and Family Services and SSA's program office will share the information with Virginia Commonwealth University (VCU), a university under contract to SSA. VCU will evaluate this Project to learn how well the Project worked and the best way to help people with disabilities find and keep work. SSA's program office also will share this information with other organizations involved in this Project that are helping me get a job. I understand that the information gathered through this Project will be used for research and won't be reported to SSA's operations office (which includes field offices). The information will not be entered in the record that SSA's operations office maintains on its beneficiaries/recipients and uses to make eligibility and entitlement decisions. Therefore, I understand that even if I report earnings through this project, I am still required to separately report my earnings directly to SSA operations just as I would be required to do if I were not involved in this Project. I know that I do not have to take part in this Project. The result of not volunteering information, or dropping out of the research, is that I will be terminated from the Pathways to Independence Program. The Pathways staff person explained to me my rights and responsibilities under the Project, and gave me a copy of this form and the information on the back. I want to be part of the Project.

_____   _____
Applicant's Signature   Date

_____   (___)____-_____
Street, City, State, Zip Code   Telephone

_____   _____
Parent/Guardian Signature (if applicable)   Date

_____   (___)____-_____
Street, City, State, Zip Code   Telephone
I have read the informed consent materials to the applicant, and I believe that he/she (or the guardian, if signed) understand it.

_____   _____
Pathways Staff Person   Date   Telephone

<u>Privacy Act Language</u> -- Informed Consent

SSA is allowed to collect the information asked for while you participate in the State Partnership Initiative under section 1110 (b) of the Social Security Act (the Act). We use the information to decide what services would best help you. You do not have to give us this information. However, if you do not, we will be unable to offer you services.

There are certain situations authorized by Federal law in which SSA may release the information you give us through this Project. For example, we release the information to a congressional office in response to an inquiry that office may make at your request, or to Virginia Commonwealth University, a private university hired by SSA to evaluate the Project.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

WISCONSIN PATHWAYS TO INDEPENDENCE
Consent for Release of Information

Information Requested

I hereby authorize the release of _____'s
                                                    [Insert participant name]
program records from January 1, 1997 to July 1, 2004 relating to:

- Public program participation and benefits (including Medicare, Medicaid, food stamps, long-term support benefits, SSI/SSDI benefits, housing subsidies, TANF benefits, worker's compensation, vocational rehabilitation program, and certification for employer use of the Work Opportunity Tax Credit)
- Services received as a participant in the Pathways to Independence program
- Compensation and employment history

I understand these records will be obtained based on my social security number. This consent authorizes the following agencies of the State of Wisconsin to release my records for research purposes: the Department of Health and Family Services and its contractees providing Pathways to Independence services, the Department of Workforce Development, and the Department of Administration. This consent also applies to the following federal agencies: the Health Care Financing Administration, the Department of Housing and Urban Development, and the Social Security Administration.

Purpose of the Release

The release of information is for research purposes only. More detailed information about the specific uses made of release information is available in the overview file that was included in your consent form folder.

Transfer of the Records to Other Parties

The Pathways to Independence research team includes members at the Oregon Health Policy Institute and the Virginia Commonwealth University (a contractee of the Social Security Administration). All research team members are obligated to protect the confidentiality of all data collected about individuals including meeting the specific requirements of the cooperating state and federal agencies.

The Pathways to Independence research team will destroy all personal identifiers from the data following the completion of the research project, except for those individuals who enter any successor program to Wisconsin Pathways to Independence administered by the Department of Health and Family Services.

If you have questions about this form that your PTI employment specialist is not able to answer, please call (608) 264-9868.

_____   _____
            Enrollee's signature   **Date**

_____
            Print Enrollee's name here

_____   _____
      Parent/Guardian's signature (if applicable)   **Date**

WISCONSIN PATHWAYS TO INDEPENDENCE
Enrollment Form

1. PTI Site:_____

2. Name of Staff Person Completing Form:_____

3. Date of Enrollment (MM/DD/YYYY):__ __ / __ __ / __ __ __ __

4. Date of DVR authorization for services (PO) for Pathways:__ __ / __ __ / __ __ __ __

ENROLLEE INFORMATION

5. Name of enrollee (last, first, middle initial):_____

6. Date of birth (MM/DD/YYYY):   __ __ / __ __ / __ __ __ __

7. Social Security Number: __ __ __ - __ __ - __ __ __ __

8. Which item best describes how the Enrollee's primary disability occurred? *Check only one*
   - ❑ At birth
   - ❑ Suddenly
   - ❑ Developed gradually
   - ❑ Not Sure

9. How old was the Enrollee when he/she first saw a doctor, therapist, or psychiatrist for his/her primary disability? *Check only one*
   - ❑ Under 16
   - ❑ 16-20
   - ❑ 21-25
   - ❑ 26-30
   - ❑ 31-35
   - ❑ 36-40
   - ❑ 41-45
   - ❑ 46-50
   - ❑ 51-55
   - ❑ 56-60
   - ❑ Over 60

10. Enrollee Sex:
    - ❑ Male
    - ❑ Female

11. Enrollee Race *Check only one. You must ask the Enrollee for this information*
    - ❑ American Indian or Alaskan Native
    - ❑ Asian
    - ❑ Black or African-American
    - ❑ Native Hawaiian or other Pacific Islander
    - ❑ White
    - ❑ Multi-cultural
    - ❑ Other

12. Is the Enrollee Hispanic or Latino? ***Check only one. You must ask the Enrollee for this information***
   - ❑ Hispanic or Latino
   - ❑ Not Hispanic or Latino

13. Enrollee Mailing Address:

   _____

   _____

14. Zip Code:_____

15. Telephone Number: (   )_____

16. With Whom Does the Enrollee Live?
   - ❑ Alone
   - ❑ With spouse or significant other
   - ❑ With an adult friend or friends
   - ❑ With other family members
   - ❑ With parents
   - ❑ With other adults (not related) *Please tell us*:
      - ❑ With live-in attendant
      - ❑ In a group home
      - ❑ In a nursing home
      - ❑ In adult foster care
      - ❑ None of the above
   - ❑ Other, *please tell us* _____

17. Children Living with the Enrollee
   Do you have children living with you?
   - ❑ Yes (IF YES, COMPLETE 17a-17d AS APPROPRIATE)
      - (a) How many children living with the enrollee are under 6 years of age? _____
      - (b) How many children living with the enrollee are between 6 and 18 years of age? _____
      - (c) How many children living with the enrollee are over 18 years of age? _____
      - (d) Does the enrollee have a child with a disability? ____yes _____no

   - ❑   No

18. Does the enrollee require Translation/Reading Services?
   - ❑   Yes (language required _____)
   - ❑   No

19. Does the enrollee have a reliable and stable mode of transportation that could be (or is)
   used to travel to and from work? ***Check only one***
   - ❑   Public transportation, reliable and stable
   - ❑   Public transportation, but not reliable and stable
   - ❑   Private transportation arrangement, reliable and stable
   - ❑   Private transportation arrangement, but not reliable and stable

BENEFITS INFORMATION

20. Does the enrollee receive any Private Disability benefits?
    - ❐ Yes
    - ❐ No

21. Does the enrollee receive any Social Security benefits?
    - ❐ Yes
    - ❐ No

    If yes, what type of beneficiary? *Check only one*

    - ❐ SSDI beneficiary
    - ❐ SSI disability recipient
    - ❐ SSI blind recipient
    - ❐ Both SSDI and SSI (concurrent)
    - ❐ Both SSDI and SSI blind

22. If the enrollee currently receives SSDI, number of months receiving SSDI at enrollment:
    - ❐ Less than 6 months
    - ❐ 6 to 12 months
    - ❐ More than 12 months

23. If the enrollee currently receives SSI, number of months receiving SSI at enrollment:
    - ❐ Less than 6 months
    - ❐ 6 to 12 months
    - ❐ More than 12 months

24. Is the enrollee a Medicare beneficiary?
    - ❐ Yes (For SSI only, double-check to be sure they don't mean Medicaid.)
    - ❐ No

25. Receipt of federal, state or local assistance:

    Check yes or no for each:
a. Subsidized housing or other rental subsidy	☑Yes	☑No
b. Food stamps	☑Yes	☑No
c. General Assistance	☑Yes	☑No
d. Temporary Assistance to Needy Families (TANF) (Wisconsin Works)	☑Yes	☑No
e. Veteran's benefits	❐Yes	☑No
f. Worker's compensation	❐Yes	☑No
g. Other federal supports (Specify below)	☑Yes	☑No

    What federal supports?_____

    h. Other state supports:
1. SSI Supplement	❐Yes	☑No
2. (LTC) Long Term Care Programs (e.g. COP, CIP, etc.):	❐Yes	☑No

EDUCATION AND TRAINING

26. What is the highest grade or level of school the Enrollee has completed? *Check only one*
    - ❑ Less than 7 years
    - ❑ 7 to 9 years
    - ❑ 10-12 years, without a diploma
    - ❑ High school diploma
    - ❑ High school diploma equivalent (GED)
    - ❑ Some College

- ❑ Completed vocational/technical training or a 2 year degree program
- ❑ Completed a 4-year college degree program
- ❑ Graduate School

27. Has the Enrollee ever participated in any of the following programs?
Mark one response for each of the four programs listed below.

Job Training Partnership Act (JPTA)
- ❑ Within the last six months
- ❑ More than six months ago
- ❑ Never
- ❑ Don't Know

Advanced training in the armed forces
- ❑ Within the last six months
- ❑ More than six months ago
- ❑ Never
- ❑ Don't Know

Employer provided training programs
- ❑ Within the last six months
- ❑ More than six months ago
- ❑ Never
- ❑ Don't Know

Projects with Industry training (PWI)
- ❑ Within the last six months
- ❑ More than six months ago
- ❑ Never
- ❑ Don't Know

28. Has the Enrollee ever participated in any of the following classes?
Mark only one response for each of the types of classes listed below.

English as a Second Language (ESL)
- ❑ Within the last six months
- ❑ More than six months ago
- ❑ Never
- ❑ Don't Know

Formal computer training classes
- ❑ Within the last six months
- ❑ More than six months ago
- ❑ Never
- ❑ Don't Know

Life skills training
- ❑ Within the last six months
- ❑ More than six months ago
- ❑ Never
- ❑ Don't Know

EMPLOYMENT HISTORY

29. Had the Enrollee been employed or self-employed at any time **before** he/she started collecting Social Security disability benefits?
- ❑ Yes
- ❑ No **(GO TO QUESTION 32)**

30. Which of the following job classifications best describes the position the enrollee held at the last job **before** starting to collect Social Security disability benefits?

- ❑   Executive/administrative/managerial
- ❑   Professional
- ❑   Secretarial/clerical
- ❑   Technical/paraprofessional
- ❑   Skilled craft
- ❑   Service Maintenance
- ❑   Unable to classify, please explain _____

31. About how many hours a week did the Enrollee work at this last job **before** starting to collect Social Security disability benefits?
- ❑ Less than 20 hours per week
- ❑ 20 up to 29 hours per week
- ❑ 30 or more hours per week

32. Is enrollee **currently** working?
- ❑   Yes **(ANSWER QUESTIONS 33 THROUGH 40)**
- ❑   No **(GO TO QUESTION 41)**

Important: Remember to answer questions #33-#40 for each job held at the time of enrollment. On the web version of the form use the "comments" field.

33. **If yes, Name of firm** _____

34. Job classification of Enrollee. ***Check only one***
- ❑   Executive/administrative/managerial
- ❑   Professional
- ❑   Secretarial/clerical
- ❑   Technical/paraprofessional
- ❑   Skilled craft
- ❑   Service Maintenance
- ❑   Unable to classify, please explain _____

35. Type of business, industry, or organization (i.e., its primary purpose) ***Check only one***
- ❑ Retail sales
- ❑ Industrial (manufacturing)
- ❑ Human services (church, private agency, etc.)
- ❑ Construction
- ❑ Custodial, janitorial, building maintenance
- ❑ Other service, repairs
- ❑ Hospitality (food)
- ❑ Hospitality (lodging)
- ❑ Health care
- ❑ Data processing/information technology
- ❑ Temporary services/employee leasing company
- ❑ Child care
- ❑ Wholesale
- ❑ Management corporation
- ❑ Government agency
- ❑ Other (please explain):_____

36. Type of employer ***Check only one***
- ❑   Private non-profit organization
- ❑   For-profit business
- ❑   Enrollee-owned business (self employed)
- ❑   Local government agency
- ❑   State government agency
- ❑   Federal government agency
- ❑   Sheltered employment

37. Size of employing organization **Check only one**
- ❐ Consists only of enrollee
- ❐ Under 25 employees
- ❐ 25 to 50 employees
- ❐ 51 to 100 employees
- ❐ 101 to 500 employees
- ❐ 501 to 1000 employees
- ❐ Over 1000 employees
- ❐ unable to determine

38. Number of hours enrollee has been working in this position per month: _____

39. Estimated gross earnings per month in this position: $_____

40. Indicate whether the Enrollee receives any of the following benefits from his or her current employer. **Check all that apply**

	Yes	**No**	**Pending**
a. Health and medical insurance	____	____	_____
If 'Yes' or 'Pending,' Do the benefits have exclusions related to the Enrollees' disability?	____	____	
b. Pension or retirement benefits	____	____	_____
c. Paid vacation leave	____	____	_____
d. Paid sick leave	____	____	_____
e. Transportation or transportation allowance	____	____	_____
f. Worker's compensation	____	____	_____
g. Unemployment Insurance	____	____	_____
h. Disability Insurance	____	____	_____

i. Other (specify)_____

IF YOU COMPLETED QUESTIONS 33-40, STOP HERE!

41. If the Enrollee is not currently employed, has the Enrollee been employed or self-employed for more than 30 days at the same job since the Enrollee started collecting Social Security disability benefits?
- ❐ Yes **(ANSWER QUESTIONS 41 THROUGH 44)**
- ❐ No **(ANSWER NO ADDITIONAL QUESTIONS)**

42. Job classification of Enrollee in the most recently held paying position lasting 30 days or more since the Enrollee started collecting Social Security disability benefits. **Check only one**
- ❐ Executive/administrative/managerial
- ❐ Professional
- ❐ Secretarial/clerical
- ❐ Technical/paraprofessional
- ❐ Skilled craft
- ❐ Service Maintenance
- ❐ Unable to classify, please explain _____

43. About how many hours a week did the Enrollee work at this last job **before** starting to collect Social Security disability benefits?
- ❐ Less than 20 hours per week
- ❐ 20 up to 29 hours per week
- ❐ 30 or more hours per week

44. Estimated gross earnings per month in this position: $_____

WISCONSIN PATHWAYS TO INDEPENDENCE
Enrollment Form Instructions (Web Version)

Purpose of Form

This form will be used to gather a core set of demographic information at enrollment that may not be available to Pathways to Independence from other sources.

Completing the Form

This form is completed as part of the PTI enrollment process. It should be completed concurrently with completion of the Informed Consent forms.

This form should not be completed unless DVR has authorized a Purchase Order and the provider staff has determined that the enrollee meets all PTI eligibility requirements.

The site staff person responsible for enrolling an individual into PTI should complete this form during the enrollment interview, never the applicant. Whenever possible, this form should be completed at the time of the applicant's enrollment interview. Site staff may transfer information that has already been collected to the enrollment form, provided the following conditions are met:

1. The information on the site form(s) is defined exactly as stated in these instructions.
2. The information on the site form(s) is current (within the past (6) months).

If the site form(s) was completed more than six months before PTI enrollment (that is, the individual is already a client of the agency), please confirm that the information remains current. It is important to the integrity of the information collected that the instructions and definitions are understood and used when filling out the enrollment form.

Submitting Forms to DHFS

The Enrollment Form should be submitted via the Web *during the week of the consumer's enrollment*. **The Informed Consent and Release of Information forms should be completed at the time of enrollment and mailed to** DHFS in a sealed enveloped marked confidential *at the end of each week*. Materials are to be mailed to the following address:

> Kay Huisheere, Senior Research Assistant
> Pathways to Independence --   OSF/CDSD
> Wisconsin Department of Health and Family Services
> P.O. Box 1379
> Madison, WI 53701-1379

Enrollment Form Help

3. Indicate the enrollee's date of intake into WI Pathways to Independence in month/day/year format. The individual's date of enrollment is the day that the enrollment interview took place and all forms were completed.

4. Indicate the date of the DVR authorization for services (Purchase Order). Under the WI Pathways to Independence contract terms, an individual cannot enroll without an authorization for services issued by DVR. The DVR specialist counselor assigned to each site can assist you in this process if the enrollee does not already have one.

10. Indicate sex at birth

11. Multi-cultural should be checked if the enrollee indicates two or more racial categories as applicable. Hispanic and Latino are not considered racial categories for the purpose of this item. *Suggestion: You may find it useful to read the list of answers to the enrollee.*

16. Suggestion: It may be helpful to read the main options to the enrollee. If the enrollee answers "with other adults (not related)," then read the enrollee the available options within this category.

18. Indicate "yes" if the enrollee needs to have the survey translated or read to him/her. If "yes", write in the language of the translation or indicate that the enrollee will need to have the survey read. This includes follow-up surveys, as well. Even if you are able to provide the translation or reading for the baseline survey, please mark "yes" and let us know what kind of translation/reading is required.

19. Choose the one option that best represents the enrollee's primary mode of transportation. Examples of a reliable and stable mode of transportation would include an established public transportation route, or the enrollee owning and operating a private vehicle. However, some public transportation systems, for example, para-transit, do not have established routes, and therefore may not be reliable nor stable. Likewise, although private transportation arrangements are made for individuals, they are often not reliable.
Examples of the four options are provided below:

1- Public transportation, reliable and stable -- An established public transportation route would be considered 'Public transportation, reliable and stable'.

2- Public transportation, but not reliable and stable -- If the public transportation system relied upon is not always reliable or stable (such as an unpredictable specialized transportation system), this option would be more appropriate.

3- Private transportation arrangement, reliable and stable -- If the enrollee owns and operates his or her own vehicle, and it is in reasonably good running order, this option would be appropriate. Likewise if the enrollee relies upon a relative, friend or neighbor, who is consistent in their availability this option would also be appropriate.

4- Private transportation arrangement, but not reliable and stable -- If the enrollee must rely upon a relative, friend or neighbor who is not consistent or reliable this option should be checked.

21. If the enrollee is qualified to receive a benefit, even if s/he is not currently receiving a cash benefit, mark "yes". It is program eligibility, not receipt of benefits that should be reported. Staff completing the forms are not responsible for verifying the accuracy of this information.
1- SSDI beneficiary -- The enrollee receives Social Security Disability Insurance, based on his or her own work record or as a Disabled Adult Child. An individual qualifies as a Disabled Adult Child if he or she is 18 years age or older, disability began before age 22, and is a dependant of an insured worker who is either disabled, retired, or deceased. Individuals in their Extended Period of Eligibility who are not currently receiving a cash benefit due to earnings over the Substantial Gainful Activity Level (SGA) **are** included in this category.

2- <u>SSI -Disabled recipient</u> -- The enrollee receives a Supplemental Security Income monthly cash benefit. Individuals who are provided continued Medicaid eligibility under Section 1619b, and are not currently receiving a SSI cash benefit **are** included in this category.

3- <u>SSI -Blind recipient</u> -- The enrollee receives Supplemental Security Income, and is blind. This category is listed separately because SSA has a separate set of entitlement rules for individuals who are blind. Individuals who are provided continued Medicaid eligibility under Section 1619b, and are not currently receiving a SSI cash benefit are included in this category.

4- <u>Both SSI and SSDI (dual eligibles)</u> -- The enrollee receives both Supplemental Security Income and Social Security Disability Insurance. For SSI, this category includes individuals in 1619b Status. For SSDI, this category includes Individuals who are in their Extended Period of Eligibility, but currently not receiving a cash benefit due to earnings over the Substantial Gainful Activity Level (SGA).

5- <u>Both SSDI and SSI Blind</u> -- The same as above except the individual is blind.

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24. Indicate whether the enrollee is a Medicare beneficiary. If the enrollee is not receiving SSDI (SSI only or SSI-blind only) and responds that s/he is a Medicare beneficiary, please double-check with the enrollee that s/he does not mean Medicaid. (Similarly, if the enrollee has not received SSDI for at least 24 months, check that the enrollee does not mean Medicaid or some other health care funding.) Mark the enrollee's final response. Staff completing the form are not responsible for verifying the accuracy of this information.

---

25. Choose yes or no for each program or benefit the individual is participating in at the time of enrollment into PTI. When marking "other federal supports," indicate what supports in the space provided. Staff completing the forms, are not responsible for verifying the accuracy of this information.

---

29. For the purposes of PTI research, "employed" means an individual is **regularly and consistently, if only part time or seasonally,** working for wages. Also included in this definition would be employment for a temp agency. An individual would **not** be considered employed if he or she were:
- A non-salaried homemaker.
- Performing volunteer work.
- Participating in a work training program and receiving non-competitive wages.
- Performing work on an ad hoc basis, such as doing occasional odd jobs for pay (e.g.; babysitting, mowing the neighbor's lawn, etc.).

---

30. Please select the classification which best matches the position in which the enrollee was employed:
- <u>Executive/administrative/managerial</u> -- Positions whose assignments require primary and major responsibility for management of an organization or a department or subdivision thereof. Assignments require the performance of work directly related to management policies or general business operations, including directing the work of others. Typical occupations in this category would be supervisors, vice-presidents, division heads, and directors.
- <u>Professional</u> -- Positions which require either college graduation or equivalent experience. Such positions would include teachers or faculty members, librarians, accountants, systems analysts, computer programmers, etc.
- <u>Secretarial/clerical</u> -- Positions which are typically associated with clerical activities or are specifically of a secretarial nature, including internal and external communications, recording and retrieval of data (other than computer programmers) and/or information and other paperwork required in an office, such as bookkeepers, operators, statistical clerks, payroll clerks, etc.
- <u>Technical/paraprofessional</u> -- Positions that require specialized knowledge or skills which may be acquired through experience or academic work, such as would be offered in two-year technical institutes, junior colleges, or through equivalent on-the-job training. Typical

positions would include drafters, engineering aides, vocational nurses, radio operators, medical or dental technicians, teacher aides, etc.

- Skilled craft -- Positions whose assignments typically require special manual skills and a thorough and comprehensive knowledge of the processes involved in the work, acquired through on-the-job training and experience, or through apprenticeship or other formal training programs. Includes mechanics and repairers, electricians, carpenters, and skilled machinists.
- Service maintenance -- Positions whose assignments require limited degrees of previously acquired skills and knowledge, and in which workers perform duties that contribute to the comfort or convenience of others or to the upkeep and care of buildings, facilities or grounds. Includes laundry and dry cleaning operatives, cafeteria and restaurant workers, truck or bus drivers, custodial personnel, groundskeepers, construction laborers, and security personnel.
- Unable to Classify -- Use the "unable to classify" option for those positions which do not appear to "fit" into another category. Write the individual's job title or a brief description of his/her job.

---

32. If the enrollee is currently working, mark "yes". For the purposes of PTI research, "employed" means an individual is **regularly and consistently, if only part time or seasonally,** working for wages. Also included in this definition would be employment for a temp agency. An individual would **not** be considered employed if he or she were:

- A non-salaried homemaker.
- Performing volunteer work.
- Participating in a work training program and receiving non-competitive wages.
- Performing work on an ad hoc basis, such as doing occasional odd jobs for pay (e.g.; babysitting, mowing the neighbor's lawn, etc.).

If the enrollee is employed in more than one position remember to provide information for questions #33-#40 for each position. On the web version of the form record the information for additional jobs in the "comments" field.

---

34. Please select the classification which best matches the position in which the enrollee was employed:

- Executive/administrative/managerial -- Positions whose assignments require primary and major responsibility for management of an organization or a department or subdivision thereof. Assignments require the performance of work directly related to management policies or general business operations, including directing the work of others. Typical occupations in this category would be supervisors, vice-presidents, division heads, and directors.
- Professional -- Positions which require either college graduation or equivalent experience. Such positions would include teachers or faculty members, librarians, accountants, systems analysts, computer programmers, etc.
- Secretarial/clerical -- Positions which are typically associated with clerical activities or are specifically of a secretarial nature, including internal and external communications, recording and retrieval of data (other than computer programmers) and/or information and other paperwork required in an office, such as bookkeepers, operators, statistical clerks, payroll clerks, etc.
- Technical/paraprofessional -- Positions that require specialized knowledge or skills which may be acquired through experience or academic work, such as would be offered in two-year technical institutes, junior colleges, or through equivalent on-the-job training. Typical positions would include drafters, engineering aides, vocational nurses, radio operators, medical or dental technicians, teacher aides, etc.
- Skilled craft -- Positions whose assignments typically require special manual skills and a thorough and comprehensive knowledge of the processes involved in the work, acquired through on-the-job training and experience, or through apprenticeship or other formal training programs. Includes mechanics and repairers, electricians, carpenters, and skilled machinists.
- Service maintenance -- Positions whose assignments require limited degrees of previously acquired skills and knowledge, and in which workers perform duties that contribute to the comfort or convenience of others or to the upkeep and care of buildings,

facilities or grounds. Includes laundry and dry cleaning operatives, cafeteria and restaurant workers, truck or bus drivers, custodial personnel, groundskeepers, construction laborers, and security personnel.

- Unable to Classify -- Use the "unable to classify" option for those positions which do not appear to "fit" into another category. Write the individual's job title or a brief description of his/her job.

---

35. Although the type of business may fit more than one category, check the most appropriate option based upon your best assessment of the company. Choose based upon the company's main function or product.

1- Retail sales -- Includes retail stores, malls, and outlets.

2- Industrial (manufacturing) -- Includes all factories or industrial facilities.

3- Human services -- Includes churches, private agencies, and other non-governmental human service agencies.

4- Construction -- Includes construction and building firms.

5- Custodial, janitorial, building maintenance -- Includes grounds maintenance and janitorial crews who contract for services, regardless of the type of industry that they contract with.

6- Other service repairs -- Includes all repair facilities, from car maintenance to computer repair.

7- Hospitality (food) -- Includes restaurants and bars, not within hotels and shopping centers unless separately owned and managed.

8- Hospitality (lodging) -- Includes all hotels, motels and bed-and-breakfasts, even though food may be served.

9-Health care -- Includes all hospital and nursing home facilities.

10- Data processing/information technology -- Includes all companies, which have a primary task of accounting, data processing, data management, etc.

11- Temporary services/employee leasing company -- Includes all temporary and day service agencies, from clerical to general labor.

12- Child care -- Includes private child day care and babysitting services.

13- Wholesale -- Includes industries, which sell to other companies, not to the general public.

14- Management corporation -- Includes corporate office facilities.

15- Government agency -- Includes any publicly financed office or branch of government.

16- Other -- If the "Other" option is chosen, the type of business, industry, or organization must be specified.

---

36. Select the single option that best describes the firm, agency or organization:

1- Private non-profit organization -- This category includes any organization, which currently has tax-exempt status under Section 501(c) (3) of the Internal Revenue Code. Examples include charitable organizations, social welfare organizations, and not-for-profit hospitals. If the enrollee is the director or the owner of the organization, check Enrollee-owned business rather than this category.

2- For-profit business -- This category includes any privately owned or operated business or organization that operates for profit. If the enrollee owns the business, check enrollee-owned

business rather than this category.

3- <u>Participant-owned business</u> -- Includes a business or organization initiated or purchased by the enrollee, in which he or she is either whole or partial owner.

4- <u>Local government agency</u> -- Includes any municipality, county, or other local jurisdictional (e.g., a water district) agency.

5- <u>State government agency</u> -- Includes any department, office, or branch of state government.

6- <u>Federal government agency</u> -- Includes any department, office, or entity of federal government.

7- <u>Sheltered employment</u> -- Includes a business or enterprise, which has, as the majority of its employees, individuals with disabilities, and is designed to provide employment opportunities for these individuals.

---

37. Select the category that best describes the size of the employing organization. If the organization is a franchise, the size of the organization is the number of people employed by that particular franchise owner. If the organization is comprised of multiple locations, the size of the organization includes all employees at all sites. Try to estimate the size of the organization within the broad categories listed, rather than checking "unable to determine". Staff completing the form are not responsible for verifying the accuracy of this information.

---

38. This is an estimate for the current calendar month. Use it as a reference when reporting changes on future update forms pertaining to this position.

---

39. This is an estimate for the current calendar month. Use it as a reference when reporting changes on future update forms pertaining to this position. Gross earnings refers to wages, salaries, and personal income from self-employment.

---

40. If a benefit is currently available for the enrollee to use if the enrollee wanted to make use of it, "yes" should be marked. If a benefit is not yet available for use, but will become available to the enrollee after a waiting period, "pending" should be marked. Staff completing the form are not responsible for verifying the accuracy of this information.
- Pension/retirement benefits -- If the enrollee pays anything into a retirement plan, "yes" refers to the point when the enrollee can take their own contributions (at a minimum) with them if they should leave the job
- Pension/retirement benefits -- If only the employer pays into the retirement plan, "yes" refers to the point of guaranteed payout to the enrollee
- Worker's compensation -- "yes" should be assumed unless site staff has knowledge that the position or the employer is not covered under state law.
- Unemployment insurance -- "yes" should be assumed unless site staff has knowledge that the position or the employer is not covered under state law.

---

41. If the enrollee is currently working, mark "yes". For the purposes of PTI research, "employed" means an individual is **regularly and consistently, if only part time or seasonally,** working for wages. Also included in this definition would be employment for a temp agency. An individual would **not** be considered employed if he or she were:
- A non-salaried homemaker.
- Performing volunteer work.
- Participating in a work training program and receiving non-competitive wages.
- Performing work on an ad hoc basis, such as doing occasional odd jobs for pay (e.g.; babysitting, mowing the neighbor's lawn, etc.).

---

42. Please select the classification which best matches the position in which the enrollee was employed:
- <u>Executive/administrative/managerial</u> -- Positions whose assignments require primary and major responsibility for management of an organization or a department or subdivision thereof. Assignments require the performance of work directly related to management

policies or general business operations, including directing the work of others. Typical occupations in this category would be supervisors, vice-presidents, division heads, and directors.

- Professional -- Positions which require either college graduation or equivalent experience. Such positions would include teachers or faculty members, librarians, accountants, systems analysts, computer programmers, etc.
- Secretarial/clerical -- Positions which are typically associated with clerical activities or are specifically of a secretarial nature, including internal and external communications, recording and retrieval of data (other than computer programmers) and/or information and other paperwork required in an office, such as bookkeepers, operators, statistical clerks, payroll clerks, etc.
- Technical/paraprofessional -- Positions that require specialized knowledge or skills which may be acquired through experience or academic work, such as would be offered in two-year technical institutes, junior colleges, or through equivalent on-the-job training. Typical positions would include drafters, engineering aides, vocational nurses, radio operators, medical or dental technicians, teacher aides, etc.
- Skilled craft -- Positions whose assignments typically require special manual skills and a thorough and comprehensive knowledge of the processes involved in the work, acquired through on-the-job training and experience, or through apprenticeship or other formal training programs. Includes mechanics and repairers, electricians, carpenters, and skilled machinists.
- Service maintenance -- Positions whose assignments require limited degrees of previously acquired skills and knowledge, and in which workers perform duties that contribute to the comfort or convenience of others or to the upkeep and care of buildings, facilities or grounds. Includes laundry and dry cleaning operatives, cafeteria and restaurant workers, truck or bus drivers, custodial personnel, groundskeepers, construction laborers, and security personnel.
- Unable to Classify -- Use the "unable to classify" option for those positions which do not appear to "fit" into another category. Write the individual's job title or a brief description of his/her job.

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44. This is an estimate for the most recent calendar month.

---

1. PTI Site:_____

2. Name of Staff Member Completing Form: _____

3. Date Form Completed (MM/DD/YYYY):   __ __ / __ __ / __ __ __ __

4. Reporting Month: __ __ / __ __ __ __

<div align="center">**PARTICIPANT INFORMATION**</div>

5. Participant Name:_____

6. Date of birth **(**MM/DD/YYYY):   __ __ / __ __ / __ __ __ __ *If there are no changes to be reported on this form, do not fill out any of the items below.*

7. This form reports (Check all that apply):
   ❒ Change in current employment
   ❒ New employment
   ❒ Change in participant's state or federal benefit status
   ❒ Change of address, phone, or housing situation

8. Has there been a change in the dependability of transportation that the participant would most likely use to travel to and from work? If yes, check the appropriate box.

   Better   Worse
   ❒   ❒   Public transportation
   ❒   ❒   Private transportation arrangement

9. Has there been a temporary change in the participant's housing situation?
   ❒ Incarceration
   ❒ Institutionalization
   ❒ Other (specify: _____)

10. Has there been a permanent change in the participant's housing situation? If so, please provide new mailing address.
    _____
    _____

11. Zip Code (if address has changed):_____

12. Telephone Number (if changed): (   )_____

13. Have there been changes in the types of federal and state assistance that the participant receives? If yes, check the boxes following the appropriate programs and briefly note changes.
Comments:

a. Subsidized housing   ❒   _____
b. Food stamps   ❒   _____
c. Wisconsin Works (TANF)   ❒   _____
d. SSDI   ❒   _____
e. SSI   ❒   _____
f. Veteran's benefits   ❒   _____
g. Medicare   ❒   _____

h. Medicaid ☐ _____

i. Workers compensation ☐ _____

j. Wisconsin SSI Supplement ☐ _____

k. Wisconsin Long Term Care Programs
(e.g. COP, CIP, CSLA, & BIW) ☐ _____

14. Has the participant's use of Social Security work incentives changed in the past month? If yes, check the "initiated" or "terminated" box for the incentive as appropriate.

Initiated Terminated

☐	☐	Plan for Achieving Self-Sufficiency (PASS)
☐	☐	Impairment-Related Work Expenses (IRWE)
☐	☐	1619A
☐	☐	1619B
☐	☐	SSA Trial Work Period
☐	☐	Extended Period of Eligibility
☐	☐	Other

_____

15. Has the participant's use of any of the following program options or waivers changed in the past month? If yes, check the "initiated" or "terminated" box for the program as appropriate.

Initiated Terminated

☐	☐	Medicaid Purchase Plan
☐	☐	SSI Program Waiver
☐	☐	SSDI Program Waiver

CHANGES IN CURRENT EMPLOYMENT
If you are reporting information about a new job *only*, go to question number 20.

16. Name of Employer:

_____

17. Employment end or change date (MM/DD/YYYY): __ __ / __ __ / __ __ __ __

18. Primary reason for change in employment status (Check one):

☐ Career advancement within the same company – *go to New Emp*
☐ Job change within the same company – *go to New Emp*
☐ Resignation – found employment at a different company – *go to New Employment form*
☐ Resignation – not currently employed
☐ Resignation – still holds second job
☐ Termination
☐ Reduction in hours worked – due to worsening of disability
☐ Other changes in hours worked. – *go to 28 if necessary*
    ☐ increased hours (hrs/month_____)
    ☐ decreased hours (hrs/month_____)
☐ Temporary suspension or layoff
☐ Conclusion of temporary job
☐ Conclusion of contract job
☐ Other, please explain:_____

19. If the participant has either resigned from her/his most recent job or is currently <u>not employed</u> for some other reason, please indicate the <u>primary</u> reason (Check only one):

- ❐ Progressive worsening of participant's disability
- ❐ Participant hospitalized
- ❐ Other medical or health problems
- ❐ Fear of losing benefits
- ❐ Retired
- ❐ Moved
- ❐ Incarcerated
- ❐ Lack of adequate transportation
- ❐ Lack of adequate housing
- ❐ Lack of personal assistance services
- ❐ Lack of health insurance
- ❐ Family obligations
- ❐ Difficulty finding suitable employment
- ❐ Problems with job demands
- ❐ Problems with supervisors and/or coworkers
- ❐ Problems with job accommodations
- ❐ Temporary job ended
- ❐ Deceased
- ❐ Other, please explain:_____

NEW EMPLOYMENT INFORMATION

20. Beginning date of employment, change in job responsibilities, or, if self employed, start-up date of business
(MM/DD/YYYY): __ __ / __ __ / __ __ __ __

21. Name of Employer: _____

22. Job classification of participant. Check one:

- ❐ Executive/technical/managerial
- ❐ Professional
- ❐ Secretarial/clerical
- ❐ Technical/paraprofessional
- ❐ Skilled craft
- ❐ Service maintenance
- ❐ Unable to classify, please explain:

_____

23. Type of business, industry, or organization in which the participant is employed. Check one:

- ❐ Retail sales
- ❐ Industrial (manufacturing)
- ❐ Human services (church, private agency, etc.)
- ❐ Construction
- ❐ Custodial, janitorial, building maintenance
- ❐ Other service, repairs
- ❐ Hospitality (food)
- ❐ Hospitality (lodging)
- ❐ Health care
- ❐ Data processing/information technology
- ❐ Temporary services/employee leasing company
- ❐ Child care
- ❐ Wholesale
- ❐ Management corporation
- ❐ Government agency
- ❐ Other (please explain):_____

24. Type of employer. Check only one:
  - ❒ Private non-profit organization
  - ❒ For-profit business
  - ❒ Participant owned business (self employed)
  - ❒ Local government agency
  - ❒ State government agency
  - ❒ Federal government agency
  - ❒ Sheltered employment

25. Size of organization/firm employing participant. Check one:
  - ❒ Only the participant
  - ❒ Under 25 employees
  - ❒ 25 to 50 employees
  - ❒ 51 to 100 employees
  - ❒ 101 to 500 employees
  - ❒ 501 to 1000 employees
  - ❒ Over 1000 employees
  - ❒ Unable to determine

26. Number of hours participant intends to work per month: _____

27. Estimated gross earnings per month in new position: $_____

28. Indicate whether the participant receives any of the following benefits from his or her current employer (Check all that apply):

	Yes	No	Pending
a. Health and medical insurance:	❒	❒	❒
If 'Yes' or 'Pending', Do the benefits have exclusions related to your disability?	❒	❒	
b. Pension or retirement benefits	❒	❒	❒
c. Paid vacation leave	❒	❒	❒
d. Paid sick leave	❒	❒	❒
e. Transportation or transportation allowance	❒	❒	❒
f. Worker's compensation	❒	❒	❒
g. Unemployment Insurance	❒	❒	❒
h. Disability Insurance	❒	❒	❒
i. Other (specify):	❒	❒	❒

_____

WISCONSIN PATHWAYS TO INDEPENDENCE
Participant Update Form Instructions (Web Version)

Purpose of Form

This form has multiple purposes. It will be used to monitor changes in employment status, transportation, and housing situation. It will also provide updates of participants' public program participation and use of SSA work incentives. The information on this form is to be recorded on a monthly basis for each PTI participant, including participants in follow-along status.

Completing the Form

The PTI participant's primary caseworker should complete this form, not the participant. We recommend that the same staff person complete this form as needed to keep a participant's employment and program participation status current. In most cases, this will be the employment specialist with primary responsibility for coordinating a participant's "vocational team."

The Update Form consists of three parts. The cover section (items 1-14) reports basic information about the provider and participant and alerts the research team to the types of changes reported elsewhere in the form. In addition, changes to transportation, housing, public program participation, and/or SSA work incentives are reported in this section. If there are no changes in the participant's situation from the previous month, complete items 1-6, check "No Changes to Report," and submit the form to DHFS. Note: If "No Changes to Report" is checked, no data recorded in items 7-27 will be submitted.

The change in employment section (items 15-18a) reports changes to a job that the participant has been performing. This includes changes in responsibilities, changes in hours, resignation, termination, or conclusion of a temporary position. It is not necessary to report information in this section unless there has been a change in current employment during the reporting month.

The new employment section (items 19-27) reports information about a new job. This may be a new position with a new organization or career advancement within the same organization. It is not necessary to report information in this section unless the participant has begun a new job during the reporting month.

Submitting Forms to DHFS

Providers are expected to submit these forms via the Web to DHFS *on a monthly basis*. They are due within the first 10 days of the month following the end of the reporting period. If it is not possible to reach a participant to obtain an update, it is still necessary to submit a form by the 10th of the month. Choose "No Updates to Report," then type "Participant could not be reached." in the comment field. When you do reach the participant, contact David Sage (608) 266-3045 or Kay Huisheere (608) 264-9869 to have the new information entered into the database.

Participant Update Form Help

If "No changes to report" is selected, no data recorded in items 7 - 27 will be submitted.

6. Always ask the participant whether there has been a change in their employment situation, public program participation, housing situation, and use of SSA work incentives, waivers, and/or the Wisconsin Medicaid Purchase Plan. If the participant responds that there is a change in any of these areas, complete the appropriate item(s). You may choose as many options as apply. Changes in employment include more than starting or leaving a position. They also include changes in conditions of work such as hours worked, gross earnings, take home pay, a change in position within the same organization, or even changes in the availability of transportation to get to and from work.
Participants may sometimes be employed in two or more positions (including self-employment) at the same time. If it is necessary to provide information about two or more jobs in either the "Changes In Current Employment" or "New Employment" section, please contact David Sage.

7. Two pieces of information are needed to answer this question. The first is objective: does the participant use or plan to use public transportation, or a private transportation arrangement? The second piece is more subjective; does the participant think that the dependability of that transportation arrangement has increased or lessened in the previous month.

8. If the participant is currently living away from their primary residence but will be expected to return to the primary residence within the next six months, choose the appropriate option.

9. If the participant has moved and will not be returning to their previous address, please report the new mailing address.

12. Report any changes in a participant's use of programs or receipt of benefits. It is not necessary to report changes in the level of benefit received; it is the initiation or termination of benefits or program participation that must be recorded. Staff completing the form are not responsible for verifying the accuracy of this information.

13. "Initiated" refers to the point when a participant begins to use an incentive; it does not mean the time when application for the incentive was made.

14. The range of available program options or waivers may change over time. "Initiated" refers to the point when a participant begins to use an incentive; it does not mean the time when application for the incentive was made.

17. Select the primary reason for change in employment status:

1- Career advancement within the same company -- This option includes a change in job duties, usually an increase in responsibilities with a concomitant increase in salary, not simply a change in number of hours worked. The "New Employment" section of this form must also be completed at this time to accurately reflect the participant's current job.
2- Other job change within the same company -- This option includes a change in job roles, not simply number of hours worked. The "New Employment" section of this form must also be completed at this time to accurately reflect the participant's current job.
3- Resignation - found employment at a different company -- The "New Employment" section of this form must also be completed at this time to accurately reflect the participant's current job.
4- Resignation - currently not employed -- The end of employment was initiated by the participant. If the person were self-employed and decided to close the business, this would be the option chosen.
5- Resignation - still holds second job -- The participant has ended a position with one of his/her employers but continues to work at a previously-held second job. Check this box if it applies, provided the participant has not found new employment.
6- Termination -- The end of employment was employer initiated.
7- Reduction in hours worked - due to worsening of disability.
8 or 9- Other changes in hours worked -- Please indicate whether hours have increased or decreased and report the new total number of hours worked per month in the space provided. If the change in hours results in a change to benefits received from the employer, please complete item 18a.
10- Temporary suspension or layoff -- Although the participant may return to the same company and position at some time in the future, the participant is currently unemployed.
11- Conclusion of temporary job -- The job was designated as a temporary position when the participant originally filled it. If the participant has a new job, the "New Employment" section of this form must also be completed at this time.

12- Conclusion of contract job -- The work specified in the original employment contract is completed. If the participant has a new job, the "New Employment" section of this form must also be completed at this time.

13- Other -- If the situation is not adequately defined by the above options, use "other" and explain. If "other" is selected, use your discretion to determine whether the "New Employment" section should be completed.

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18. Even though many reasons may have contributed to the participant's loss of employment, indicate only one reason. If more than one reason is appropriate, the participant's self-reported primary reason should be chosen.

1- Progressive worsening of the participant's disability -- the participant's disability reached a point where it interfered with continued employment.

2- Participant hospitalized -- can be for any reason, including the participant's disability. A quick recovery (swift enough to retain employment) is not anticipated.

3- Other medical or health problems -- other problems not directly related to the participant's disability, such as an injury or persistent illness.

4- Fear of losing benefits -- expressed fear of losing the income from a benefits check, or medical benefits.

5- Retired -- participant reached an accepted standard point (in terms of age and/or time on the job) of retirement within the company.

6- Moved -- participant moved to another area, and can no longer reasonably travel to the job site.

7- Lack of adequate transportation -- transportation issues interfered with continued employment.

8- Lack of adequate housing -- housing issues interfered with continued employment.

9- Lack of adequate personal assistance services -- personal assistance services issues interfered with continued employment.

10- Lack of health insurance -- includes loss of health insurance or Medicare because of employment above SGA.

11- Problems with job demands -- job is too demanding or job duties are inappropriate.

12- Problems with supervisors and/or coworkers -- irreconcilable interpersonal problems with coworkers or supervisor.

13- Problems with job accommodations -- includes the absence of accommodations, which were initially promised.

14- Family obligations -- includes situations in which a family member forces the participant to resign.

15 - Deceased.

16- Other -- If Other is chosen, the situation must be described.

18a. If a benefit has become available for the participant to use if the participant wanted to make use of it, "yes" should be marked. If a benefit is not yet available for use, but will become available to the participant after a waiting period, "pending" should be marked. Staff completing the form are not responsible for verifying the accuracy of this information.

* Pension/retirement benefits -- If the participant pays anything into a retirement plan, "yes" refers to the point when the participant can take their own contributions (at a minimum) with them if they should leave the job

* Pension/retirement benefits -- If only the employer pays into the retirement plan, "yes" refers to the point of guaranteed payout to the participant.

* Worker's compensation -- "yes" should be assumed unless site staff have knowledge that the position or the employer is not covered under state law.

* Unemployment insurance -- "yes" should be assumed unless site staff have knowledge that the position or the employer is not covered under state law.

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19. The beginning date of employment is defined as the first day of paid work; not the first day the individual visited the job site, or the day the employment papers were signed (if not the first day of work). If the participant is self-employed, use the date of first earnings drawn from the business.

---

21. Please select the classification which best matches the position in which the participant was employed:

1- Executive/administrative/managerial -- Positions whose assignments require primary and major responsibility for management of an organization or a department or subdivision thereof. Assignments require the performance of work directly related to management policies or general business operations, including directing the work of others. Typical occupations in this category would be supervisors, vice-presidents, division heads, and directors.

2- Professional -- Positions which require either college graduation or equivalent experience. Such positions would include teachers or faculty members, librarians, accountants, systems analysts, computer programmers, etc.

3- Secretarial/clerical -- Positions which are typically associated with clerical activities or are specifically of a secretarial nature, including internal and external communications, recording and retrieval of data (other than computer programmers) and/or information and other paperwork required in an office, such as bookkeepers, operators, statistical clerks, payroll clerks, etc.

4- Technical/paraprofessional -- Positions that require specialized knowledge or skills which may be acquired through experience or academic work, such as would be offered in two-year technical institutes, junior colleges, or through equivalent on-the-job training. Typical positions would include drafters, engineering aides, vocational nurses, radio operators, medical or dental technicians, teacher aides, etc.

5- Skilled craft -- Positions whose assignments typically require special manual skills and a thorough and comprehensive knowledge of the processes involved in the work, acquired through on-the-job training and experience, or through apprenticeship or other formal training programs. Includes mechanics and repairers, electricians, carpenters, and skilled machinists.

6- Service maintenance -- Positions whose assignments require limited degrees of previously acquired skills and knowledge, and in which workers perform duties that contribute to the comfort or convenience of others or to the upkeep and care of buildings, facilities or grounds. Includes laundry and dry cleaning operatives, cafeteria and restaurant workers, truck or bus drivers, custodial personnel, groundskeepers, construction laborers, and security personnel.

7- Unable to Classify -- Use the "unable to classify" option for those positions which do not appear to "fit" into another category. Fill in the individual's job title or a brief description of his/her job.

---

22. Although the type of business may fit more than one category, select the most appropriate option based upon your best assessment of the company. Choose based upon the company's main function or product.

1- Retail sales -- Includes retail stores, malls, and outlets.

2- Industrial (manufacturing) -- Includes all factories or industrial facilities.

3- Human services -- Includes churches, private agencies, and other non-governmental human service agencies.

4- Construction -- Includes construction and building firms.

5- Custodial, janitorial, building maintenance -- Includes grounds maintenance and janitorial crews who contract for services, regardless of the type of industry that they contract with.

6- Other service repairs -- Includes all repair facilities, from car maintenance to computer repair.

7- Hospitality (food) -- Includes restaurants and bars, not within hotels and shopping centers unless separately owned and managed.

8- Hospitality (lodging) -- Includes all hotels, motels, and bed-and-breakfasts, even though food may be served.

9-Health care -- Includes all hospital and nursing home facilities.8- Hospitality (lodging) -- Includes all hotels, motels and bed-and-breakfasts, even though food may be served.

10- Data processing/information technology -- Includes all companies, which have a primary task of accounting, data processing, data management, etc.

11- Temporary services/employee leasing company -- Includes all temporary and day service agencies, from clerical to general labor.

12- Child care -- Includes private child day care and babysitting services.

13- Wholesale -- Includes industries, which sell to other companies, not to the general public.

14- Management corporation -- Includes corporate office facilities.

15- Government agency -- Includes any publicly financed office or branch of government.

16- <u>Other</u> -- If the "Other" option is chosen, the type of business, industry, or organization must be specified.

---

23. Select the single option that best describes the firm, agency or organization:
1- <u>Private non-profit organization</u> -- This category includes any organization, which currently has tax-exempt status under Section 501(c) (3) of the Internal Revenue Code. Examples include charitable organizations, social welfare organizations, and not-for-profit hospitals. If the participant is the director or the owner of the organization, check participant-owned business rather than this category.
2- <u>For-profit business</u> -- This category includes any privately owned or operated business or organization that operates for profit. If the participant owns the business, check participant-owned business rather than this category.
3- <u>Participant-owned business</u> -- Includes a business or organization initiated or purchased by the participant, in which he or she is either whole or partial owner.
4- <u>Local government agency</u> -- Includes any municipality, county, or other local jurisdictional (e.g., a water district) agency.
5- <u>State government agency</u> -- Includes any department, office, or branch of state government.
6- <u>Federal government agency</u> -- Includes any department, office, or entity of federal government.
7- <u>Sheltered employment</u> -- Includes a business or enterprise, which has, as the majority of its employees, individuals with disabilities, and is designed to provide employment opportunities for these individuals.

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24. Select the category that best describes the size of the employing organization. If the organization is a franchise, the size of the organization is the number of people employed by that particular franchise owner. If the organization is comprised of multiple locations, the size of the organization includes all employees at all sites. Try to estimate the size of the organization within the broad categories listed, rather than selecting "unable to determine". Staff completing the form are not responsible for verifying the accuracy of this information.

---

27. If a benefit is currently available for the participant to use if the participant wanted to make use of it, "yes" should be marked. If a benefit is not yet available for use, but will become available to the participant after a waiting period, "pending" should be marked. Staff completing the form are not responsible for verifying the accuracy of this information.
* Pension/retirement benefits -- If the participant pays anything into a retirement plan, "yes" refers to the point when the participant can take their own contributions (at a minimum) with them if they should leave the job
* Pension/retirement benefits -- If only the employer pays into the retirement plan, "yes" refers to the point of guaranteed payout to the participant.
* Worker's compensation -- "yes" should be assumed unless site staff have knowledge that the position or the employer is not covered under state law.
* Unemployment insurance -- "yes" should be assumed unless site staff have knowledge that the position or the employer is not covered under state law.

WISCONSIN PATHWAYS TO INDEPENDENCE
Case Noting Form

1. Participant Name:_____
2. Reporting Month (MM/YYYY): __ __ / __ __ __ __
3. Date form completed: (MM/DD/YYYY): __ __ / __ __ / __ __ __ __
4. PTI Site:_____
5. Staff Member Completing Form: _____

Section One: No section one services (check the box) ☐
Section 1 is intended to document the hours of core PTI services <u>provided</u> to participants by site personnel authorized to provide PTI services during the previous calendar month.

Service Component	Estimated # Hrs. per Mo.
6. Vocational and Employment Barriers Assessment Services	
7. Comprehensive Benefits Analysis and Counseling.	
8. Employment-Related Services:	
(a.) Job Development Activities (participant specific)	
(b.) Vocational Goal Testing/Trial Work Experience	
(c.) Developing Job-Seeking Skills	
(d.) Ongoing Assessment of and Planning for Specific Rehabilitation Technology and Job Accommodation Needs	
(e.) Services for Exploring or Pursuing Self Employment Goals	
(f.) Job Coaching Services	
9. Other On-going Support	

SECTION TWO
Section 2 is intended to document any collateral services received by PTI participants from either agencies or vendors other than your agency or program or by non-Pathways staff in your agency or program.

Please check, to the best of your knowledge, whether the participant has received the service listed below in the previous calendar month.

10.   ? Case Management Services

11.   ? Services Purchased With Job Service Vouchers

12.   ? Job Training Program Services

13.   ? Psychosocial Rehabilitation Services

14.   ? Transitional Employment Program (TEP) Services

15.   ? Transportation Assistance Services

16. ? Local Mental Health or Developmental Disabilities Services

17. ? Integrated Career Center/One Stop Center Services

18. ? Peer Mentoring Services

19. ? School to Work Transition Services

20. ? Other – Specify the type of service on the lines below

_____

_____

WISCONSIN PATHWAYS TO INDEPENDENCE
Case Noting Instructions (Web Version)

Purpose of Form

This form collects basic case-noting information for research purposes. The information on this form is to be recorded on a monthly basis for each PTI participant, including participants in follow-along status.

Section 1 of this form documents the core services provided by PTI provider staff. It is important to the evaluation effort to understand the level and intensity of service provision at PTI providers. Therefore, time estimates in Section 1 should be as accurate as possible.

Whenever reasonable, code service provision under "Vocational Assessment Services," "Comprehensive Benefits Analysis," or one of the options under "Employment Related Services." If you believe a specific service could be coded either within these categories or as "Other On-going Support," use one of the three specific service categories. In principle, any one of these codes may be used at any time during a participant's tenure in Pathways. Additionally, there may be circumstances where it is appropriate to report services for a participant who is in follow-along status (i.e., a month in which there isn't a current DVR authorization for Pathways services). In this circumstance, do not code services under "Other On-going Support" if those services can be captured within any of the other categories.

If more than one member of the provider staff is actively involved in delivering a particular instance of a core service, include the time for all of the staff members in your estimate.

If you record time in units other than full hours, record time in decimal form, not fractions. For, example, please record, "two and one quarter hours" as 2.25 hours, not 2¼ hours. Do not record time in minutes.

Section 2 documents any collateral services received by PTI participants from agencies and vendors either external to your agency or provided by non-Pathways staff in your agency or program. Collateral services refer to those that are initiated or continued for the specific purpose of helping the PTI participant to pursue her/his employment goals.

Completing the Form

The primary PTI provider staff person responsible for a participant should complete this form, not the participant nor a clerical person. We strongly recommend that the same person complete this form for each participant on her or his PTI client caseload each month. In most cases, this will be the employment specialist with primary responsibility for coordinating her or his participant's "vocational planning team."

This form must be completed for each participant at the end of each calendar month. If there are no specific services or activities to report in a given month, **items 1 through 5** must be completed and submitted to DHFS. If a participant hasn't received any Section One (Pathways core) services, please check the "No Section One services" box. Note: If the "No Section One services" box is checked, no data recorded in items 6-9 will be submitted.

Submitting Forms to DHFS

Providers have the choice to submit these data to DHFS on either a monthly or a calendar quarterly basis. If forms are returned on a monthly basis, they are due within the first 10 days of the month following the end of the reporting period. If forms are returned on a quarterly basis, they are due no later than 10 days after the last day of the preceding quarter.

Case Noting Form Help

If "No section one hours to report" is selected, no data recorded in items 6 - 9 will be submitted.

6. This service component includes all activities related to the analysis of a participant's readiness to seek gainful employment. This service component has multiple dimensions, which include assessing employment goals, assessing an individual's capacity to reach an employment goal, identifying barriers to reaching employment goals, and identifying service and support needs to overcome barriers and to achieve employment goals. Specific activities might include:

  i.   Assessing vocational interests, likes, and dislikes, including interest in self-employment.
  ii. Assessing work history, including participant strengths and anticipated on-the-job problems or challenges.
  iii. Reviewing educational background and prior participation in basic or advanced training programs.
  iv. Assessing transferable vocational skills and aptitudes.
  v.   Assessing childcare, transportation, health-related and other issues affecting employability.
  vi. Establishing desired work effort.
  vii. Reviewing health and treatment needs and whether/how they are provided.
  viii. Identifying disincentives to earned income.
  ix. Assessing the need for rehabilitation technology and other workplace accommodations.
  x.   Assessing the level of informal peer and family support for pursuing work goals.
  xi. Identifying other barriers that are likely to affect, or have previously affected, vocational goals.
  xii. Identifying other support services needed to obtain and/or retain employment.

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7. This service component will include:
  i.   An in-depth analysis of a participant's current cash transfer payments and other public social support services, a review of existing financial disincentives to work caused by public program eligibility rules, especially the potential (or current) impact of employment on a participant's benefit status, cash benefit level, and health insurance coverage. Some examples of cash transfer programs include SSI, SSDI, and VA benefits.
  ii. Developing a comprehensive plan to address any negative impacts on needed public benefits caused by increased earnings. This plan will examine all sources of income currently received by the participant and offer alternatives that maximize employment opportunities and earned income without jeopardizing the participant's economic security or health status.
  iii. Analysis of the possible use of Social Security work incentives, waiver programs, the Medicaid Purchase Plan, or other available policy alternatives to reach employment goals.

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8. A detailed description of the services that could be included in this service category follows. In general, employment-related services are best described as the means used to help participants to reach defined employment goals and to overcome identified barriers to employment. This may include on-going planning and assessment related to specific employment-related services. It may also include continuing vocational counseling to help the participant make the most effective use of particular employment-related services. However, time spent in identifying and assessing employment goals and barriers or in planning how to overcome these should be coded under the Vocational and Employment Barriers Assessment Services.

Countable hours include either services provided directly by PTI site staff or spent by PTI site staff to arrange relevant services or supports provided by other professionals, agencies, or the participant's family and friends.
  a.   Job Development Activities - Contacting and developing relationships with a variety of work sites to develop a network of business and job opportunities for specific PTI participants. This activity would include meeting with potential employers and conducting analyses of specific job opportunities. It might also include activities such as PTI job

developers sharing information with employers about available resources for making reasonable accomodations.

b.   <u>Facilitating Vocational Goal Testing/Work Experience</u> - Includes working with networks of employers in order to provide participants with (1) information on the skills necessary to become a qualified applicant for a given job and (2) on-site, unpaid job exploration opportunities in a competitive work site to test the feasibility of employment goals. This category is **not** used to record a participant's use of the SSDI "trial work period".

c.   <u>Developing Job-Seeking Skills and Placement Assistance</u> - Includes training in the completion of job applications, preparing a resume, and role-playing job interviewing techniques.

d.   <u>Ongoing Assessment of and Planning for Specific Rehabilitation Technology and Job Accommodation Needs</u> - Includes analysis of available rehabilitative technology to assist participants in reaching vocational goals. If indicated, staff will provide or subcontract for these assessments, identifying necessary work-related accommodations, and recommending strategies for their procurement.

e.   <u>Services for Exploring or Pursuing Self-employment Goals</u> - Includes assessment of whether a particular approach to or plan for self-employment is a realistic and achievable way to pursue the participant's vocational goals. Where this is the preferred employment option, staff members work with participants and DVR to access current systems for achieving self-employment.

f.   <u>Job Coaching</u> - Includes activities in the workplace, performed along side participants, that support employment, especially those activities which facilitate performance of job duties and meeting other workplace expectations.

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9. This service component includes the identification and resolution of any issues that potentially threaten the achievement of a participant's employment goals.

The actual services provided by PTI staff under the rubric of Other On-going Support can be highly individualized, responding to the specific needs of the participant. Other On-going Support can include services provided to an employer or to a participant's co-workers as well as directly to the participant.

We recognize that there is significant variability in the services different sites will provide PTI participants under the umbrella of on-going support. Such differences may reflect the kinds and severity of disabilities of the consumers that a site serves, the sponsoring agency's mission, service model, or governance structure, and, in some cases, the requirements of state laws. Though all PTI sites will operate under a common definition of ongoing support, it is important for each site to understand that the definition is flexible enough to apply to all services needed to identify, ameliorate, or resolve conditions that impede a participant's ability to achieve his/her employment goal.

For research purposes, do not code any service provided by a site staff member as Other On-going Support, if it can reasonably be included under the provided definitions for Vocational Assessment Activities, Comprehensive Benefits Analysis and Counseling, or any of the six subcategories of Employment-related Services. Additionally, do not use the length of time following enrollment as a criterion for deciding whether staff effort should be listed under Other On-going Support. For example, staff time spent on a benefits analysis performed two years after enrollment should still be classified under Comprehensive Benefits Analysis and Counseling.

Some examples of services that could be captured within the category of Other On-going Support include, but are not limited to, the following:

i.   One to one psychotherapeutic/work support, such a symptom management and education of employers and co-workers about employment relevant consequences of a specific participant's disability.

ii.   Active support in behalf of work effort, such as wake-up and support calls, delivery of medicine, providing or planning transportation to work, assistance related to grooming, personal hygiene, or the purchase of appropriate clothing, or planning for nutrition prior to work and at breaks.

     iii. Crisis intervention at the workplace.
     iv. Facilitating the participant's use of peer support groups that aid achievement of employment goals, such as groups intended to aid in job seeking and retention, symptom management, and anxiety reduction.
     v. Ongoing consultation with a participant's employer.
     vi. Any effort to overcome a barrier to the participant's employment goal that is not captured by any of the other service components.

In some cases, participants may have continuing relationships with a site (or its sponsoring agency) that pre-date Pathways enrollment. Continuing services, that do not fit within the other core Pathways service categories, may be counted as on-going support, provided it has been determined through the vocational planning process that those services contribute to the fulfillment of the participant's employment goals.

Section Two

Check each item in this section that the participant has received, to your knowledge, during the past reporting month. Include in this section only those services provided by external agencies or by non- Pathways staff in your own agency. **Do not include any services provided by either Pathways staff in your agency or directly by DVR staff.** Pathways staff include all agency employees who devote any time to Pathways on a regular basis, irrespective of whether they are paid through the Pathways contracts or are part of the agency's in-kind contribution.
Please remember that these categories were developed to collect common data from SSA and RSA projects in 18 states. The definitions below are illustrative. As the examples given may not precisely match provision categories used in Wisconsin, you are asked to use your professional judgement to apply these definitions. If you are unable to code a collateral service within any of the specific categories, use #20, "Other".

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10. Case Management Services

Services that include working with the participant to assess needs, facilitating the development of consumer-directed career plans, linking the individual to appropriate services and supports, assisting the person directly to locate, develop, or obtain needed services and resources, coordinating services among multiple providers, and advocating on behalf of the participant in response to their changing needs.

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11. Use of Job Service Vouchers

Services provided through job service vouchers or individual training accounts in which the participant, in consultation with a case manager, "purchases" training services from eligible providers in the local area through vouchers, credits, or other appropriate methods.

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12. Job Training Program Services

These training programs enable individuals to acquire knowledge, skills and competencies necessary for the performance of specific job functions. Job training may be provided through educational settings, special-training facilities or on the job.

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13. Psychosocial Rehabilitation Services

Training and rehabilitation services that are provided by a local community mental health center or psychiatric rehabilitation program. Psychosocial rehabilitation may include training in community living skills; interview and job application skills; therapeutic work opportunities; temporary employment opportunities; and developing meaningful personal support systems.

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14. Transitional Employment Program (TEP) Services

Services that lead to competitive employment for persons with long-term mental illness who need ongoing support services to perform the work. Transitional employment programs usually involve a sequence of temporary supported placements that result in the final competitive employment placement with or without supports.

15. Transportation Assistance Services

Services that enable an individual to travel between his or her residence and place of employment. Services may include training in the use of public transportation, training in the use of or direct provision of specialized transportation services, supports necessary to enable the individual to access employer-based transportation services (car pools, transportation allowance, etc.).

16. Local Mental Health or Developmental Disabilities Services

Services and supports designed to enable an individual to maintain employment for an extended period of time. Services and supports may include: case management, supportive counseling, extended services in supported employment programs, crisis intervention, development of individualized community supports, and other related services.

17. Integrated Career Center/One Stop Center Services

Services provided through centers established in each local area of a state through the Workforce Investment Act (WIA). Core services, intensive services, and training is provided to meet the needs of a variety of customers, including individuals with disabilities. Core services include such things as determination of eligibility for services, intake, initial assessment, job search and placement assistance, career counseling, and provision of labor market information. Intensive services include diagnostic testing, development of an individual employment plan, individual counseling and career planning, case management and short-term prevocational services. Training services are also provided to individuals who have met the eligibility requirements for intensive services, and are unable to obtain or retain employment through intensive services.

18. Peer Mentoring Services

Supportive services provided by peers or peer support groups.

19. School to Work Transition Service

School to work transitional services encompass an array of services that are specific to students' transitioning from high school to the work environment. Because many, if not most of these services are described in other service categories above, do not double count them if accounted for elsewhere.

20. Other

If the 'Other' box is checked, the direct service received must be specified. Do **not** use this category (or any of the categories above) for services directly provided by the Division of Vocational Rehabilitation (DVR). Do **not** use this category to indicate a participant's use of any Social Security work incentive.

Protocols for Providing Survey Assistance
Pathways to Independence Demonstration Sites

While it is OHPI's desire that the survey be completed as much as possible by the program participant, we realize that there are many cases where that is difficult, if not impossible. In those cases, the following protocols should be followed:

➢ If the participant has a personal attendant, family member, neighbor, or friend who accompanies them to the PTI site or is available at home to assist, then that person is the preferred source for survey assistance. It should be emphasized to the survey assistant that responses are to be the participant's.

➢ If none of the above persons are available to provide assistance to the PTI participant, the case worker at the site can provide assistance:

♦ If participant needs limited assistance (e.g., asking about a specific definition or program type) feel free to answer it to the best of your ability.

♦ If participant is unsure of his or her response to one of the agree/disagree or attitude scale questions don't lead them, but encourage them to mark whatever category is **closest** to how they feel.

♦ If participant requires you to read each question (this is the least desirable circumstance, but it will likely occur at some time):

▪ Don't react to any answers given by participant—nodding or agreeing can lead to the belief that there are "good" or "right" answers and they will begin to second-guess the process.
▪ If the respondent requires a definition, go ahead and define the word or phrase, but if you are unsure, please contact OHPI staff rather than attempt to define the concept. We can be reached at the following toll-free number, (877) 888-8554.

➢ If participant does not read English well, arrangements should be made to provide an interpreter to read the survey to this participant in their preferred language. If interpretive services are not already available at the PTI site, the site manager should arrange for such services and bill to OHPI. The interpreter should follow the above protocols as well.

OHPI
Oregon
Health Policy
Institute

Log Sheet
Pathways to Independence Demonstration Sites

Complete as necessary when your site distributes a survey. Please fax the following log sheet to Barbara Dapcic at the Oregon Health Policy Institute, (503) 494-4981

SITE NAME: _____ WEEK ENDING: _____

ATTENTION: IT IS ESSENTIAL THAT THE CORRECT SURVEY NUMBER IS RECORDED ON THIS LOG SHEET.

(PLEASE PRINT)

Participant Name	Address	City	Zip	SSN	Survey	Follow-up (F) Or Baseline (B)

WPTI Research Data Handling Protocol
Amended Draft – January 23, 2002

Access to Participant Data
The WPTI research team, insofar as it involves access to individually identified data, is defined as follows: (1) those DHFS employees specifically assigned to either program evaluation, waiver research activities, or activities directly in support thereof and (2) the WPTI external research consultant (currently Pamela Hanes at Oregon Health Policy Institute) and her/his research staff.

Access to individually identified data is restricted to the WPTI research team and to the Social Security Administration's designated evaluators for WPTI and the other State Partnership Initiatives (currently Virginia Commonwealth University and Mathematica Policy Research).

Data transfer to OHPI and VCU is performed through secured electronic means. If such means are unavailable for any significant period, data transfer, subject to the permission of the research team, may be accomplished using paper documents or magnetic media that are conveyed through use of appropriate services offered by the U.S. Postal Service and private package delivery firms.

The WPTI research team is prohibited from sharing individually identified data with any party not specifically mentioned in the Informed Consent/Release of Information materials that the participant has signed.

WPTI is responsible for meeting all DHFS rules governing data confidentiality. When WPTI receives administrative data from either federal agencies or from state agencies external to DHFS, WPTI is responsible for meeting those agencies' data confidentiality rules and any other agreed upon conditions.

Handling and Storage of the Data
WPTI will create separate files for participant identifiers and other participant data. These two types of files will be maintained in separate restricted access directories on the DHFS server. WPTI will make use of available data protection tools including restricted access to data directories.

WPTI will link files containing personal identifiers and files containing other individual data by assigning each participant a unique case number. The case number may not make use of any identifying information except through the use of a coding algorithm. If a coding algorithm is used, WPTI must destroy the formula and any supporting documentation following the end of the study.

Individually identified data that arrives at WPTI in paper form shall be maintained in locked file cabinets and, if required by law or administrative regulation, in "double-locked" storage. Except as required for Medicaid Purchase Plan and waiver administration, WPTI may not create participant specific folders containing multiple items with identifying information.

Signed informed consent/release of information forms shall be maintained in locked file cabinets. WPTI is prohibited from adding the case number to these forms.

WPTI research records and forms containing individually identified data may be removed from locked files for authorized purposes (e.g., data entry, audit, and correction). Team members may not make copies of research records or forms containing individually identified data except for those purposes or circumstances specifically authorized by the WPTI research supervisor. Such copies must be burned, shredded, or added to WPTI secured files immediately after use.

Use of Research Data for Operational Purposes
Individually identified data may be used to facilitate the delivery of Pathways services to participants, provided such use is determined necessary to implementing one or more features of

the program subject to evaluation under the Pathways research design. There must be an agreement between the Pathways research supervisor and the supervisor of the Pathways operational staff using such data, identifying the data, the purpose it will be used for, and the staff members who will have access.

Any such data used for operational purposes are subject to the same handling and confidentiality requirements as all other individually identified Pathways data. Such data may not be added to any other Pathways or DHFS database not under the direct control of the Pathways research supervisor.

Data Reporting
WPTI will never report individually identified data to the general public or to any entity not specifically mentioned above. Individual level data is always reported in aggregated form.

WPTI research team will consider releasing individual data stripped of all individual identifiers to other members of the research community for secondary analysis. Any such release will prohibit the researcher from disclosing or releasing any individual data to additional parties without written permission.

Post-study Disposition of the Data
For purposes of this memo, the end of the project is understood as the conclusion of service provision under the Social Security Administration State Partnership Initiative. The Pathways research team reserves the right to continue collecting data after that date for events that occurred before or on the date the project ended.

WPTI (or any successor unit in DHFS) will purge all research data files containing individual identifiers within no more than eighteen (18) months following the conclusion of the project, except as provided for below. This period has been chosen so that sufficient time is available to insure the accuracy of data that may not be available for up to one year following an event (e.g., Medicaid and Medicare claims data).

WPTI will continue to maintain research data files with individual level data stripped of all identifying information, save the assigned case number. With the individual identifier file destroyed, the case number cannot be used to identify a specific individual.

WPTI will continue to maintain copies of the signed informed consent/release of information materials for five years following the end of the project. Then, the forms will be shredded or burned.

WPTI will shred or burn all paper research forms and surveys that contain individual identifiers within eighteen months of the end of the project. WPTI will destroy all diskettes containing individual identifiers within the same time period.

Should DHFS begin a permanent successor program to WPTI within twelve months following the end of the project, WPTI will transfer individually identified data to the successor program for those WPTI participants choosing to enter. However, no data element that is not collected for all participants in the successor program will be transferred.

Provider Obligations
Providers shall follow WPTI research team directions regarding the completion and submission of the contact, enrollment, update, and case noting forms, informed consent forms, release of information forms, and other research materials.

As providers are required to maintain paper copies of the enrollment forms, informed consent forms, and release of information forms, providers are obligated to take those steps necessary to maintain the security of those materials. At minimum this requires restricting computer access to

authorized personnel and maintaining paper forms in locked storage. These requirements also apply to all other research materials that identify participants that a provider chooses to maintain.

Providers must burn or shred copies of all research forms and materials that identify individual participants within three months of either the end of the project or ending their contracted relationship with the project (whichever comes first). When such information is maintained on the provider's information management system (and system backups), the provider may maintain the data until six months after the end of the study or the end of its contract with WPTI (whichever comes first). Providers must purge all data in their own files (physical or electronic) collected from WPTI research forms within the same time period. However, this provision does not apply to data elements that the provider also collects for its non-WPTI consumers and/or is required to collect by law or contractual obligation to governmental entities.

Providers may not provide any external party, including researchers, with either the identity of participants or any data collected as part of the WPTI research effort.